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VCCB
Department of Administration
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Juneau, Alaska 99811-0230
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STATE OF ALASKA

VCCB PROGRESS NOTE: FORM III

This form should be completed after session 15. This form should serve as a reminder that you are more than halfway through the awarded number of 26 sessions. It is now time to consider whether or not the victim will need more treatment and the rationale behind it. **Form IV** must be completed and submitted at this time if additional sessions will be requested. In addition, the victim will need to submit a written request for reconsideration. Approval is not automatic and will only be granted under extraordinary circumstances.

Victim's Name

VCCB Claim Number

Client's Name (if different then the victim's)

Date treatment began

Clinician's Name and Provider Number

Number of sessions to date

Clinician's Address

Clinician's Phone Number

Please review the VCCB guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.

1) Is there substantial progress toward recovery from the crime related condition(s)?

_____ Yes (continue on to question #2)

_____ No (continue on to question #3)

2) If yes, do you expect that treatment will be completed within the allocated 26 sessions?

_____ Yes (please continue on to question #4)

_____ No (please continue on to question #3)

3) What complicating or confounding issues are hindering recovery?

4) Describe how the victim has progressed towards the goals set early in the course of treatment?

5) What is the current diagnosis?
